Type of Evaluation: ☐ Initial ☐ Reevaluation

**Date** when the determination of disability category and need for specially designed instruction was made \_\_\_\_\_\_\_\_\_\_\_\_.

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| Before determining whether the student is a student with a disability (meets the criteria for a disability category and needs specially designed instruction), document and carefully consider information from a variety of sources, including aptitude and achievement tests, parent(s) input, teacher recommendations, information about the student’s physical condition, social or cultural background, and adaptive behavior. This will assist the IEP team in determining whether the student has or continues to have a disability and the content of the student’s IEP, including information related to enabling the student to access, engage, and make progress in the general education curriculum. The evaluation report must be sufficiently comprehensive to document the IEP team’s determination of the disability category and need for specially designed instruction.  The IEP team must include information about both academic achievement and functional performance. **Academic achievement** includes information in reading, mathematics, written language, communication, science, and social studies. For preschool children, academic achievement includes information about the child’s acquisition and use of knowledge and skills including early language/communication, early literacy, and other pre-academic skills. **Functional performance** includes social and emotional skills, activities, and nonacademic skills needed for independence and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning. Examples include: activities of everyday living, school/work/play habits, expressing needs and desires, problem solving, asking for help, and other social and emotional skills. For preschool children: positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs. |

**I. INFORMATION FROM EXISTING DATA (**Refer to the Existing Data Review (Form ED-1) to ensure the data is reflected in this section. Must include information about the student’s academic and functional **early literacy** or **reading** skills. Include information from any relevant areas identified from the referral or during the review of existing data related to **academic or functional skills** such as achievement in content areas, social/emotional, physical/health, independence/self-determination, communication, or cognitive learning.)

1. **Information provided by**

Parent(s)/family:  
  
  
Teachers, related service providers:

**Concise educationally relevant health information. Written in language educators can easily understand. Include hearing and vision screen in results.**

**Classroom observations or known information before evaluation started**

**Attendance pattern. Medication schedule (ex. how often comes to take on time).**

**Document level of self-care skills (requires assistance, totally dependent, independent in diabetic cares, requires supervision).**

Other sources (e.g., postsecondary transition, medical, etc.):  
 **B. Summary of previous assessments**

Classroom-based, district-wide or state assessment results:

Other assessments:

**C.** **Previous interventions and the effects of those interventions**

☐ Not Applicable

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| --- | --- |
| Previous intervention | Effect of the intervention  (Include data on reading achievement/early literacy and other  areas as applicable.) |
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**II. INFORMATION FROM ADDITIONAL ASSESSMENTS AND OTHER EVALUATION MATERIALS**

Must include information about the student’s academic and functional **early literacy** or **reading** skills. Include any information collected during the evaluation related to academic or functional skills such as achievement in content areas, social/emotional, physical/health, independence/self-determination, communication, or cognitive learning.

☐ Yes ☐ No Information from additional assessments or other evaluation materials was gathered. *(If yes, attach report(s) or summarize below.)*

Academic:

Functional:

**Document any new health information such as classroom observations completed as part of evaluation.**

**III. DETERMINATION OF DISABILITY CATEGORY AND NEED FOR SPECIALLY DESIGNED INSTRUCTION**

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| The IEP team must determine whether or not the student is a “child with a disability” and the educational needs of the student. A student is identified as having a disability if the IEP team determines the student has a disability that adversely affects the student’s educational performance, and as a result needs specially designed instruction. Use the eligibility criteria worksheets to assist in documentation of required elements for each disability category. Additional documentation is required for Specific Learning Disabilities and Blind and Visually Impaired (see below). |

1. DETERMINATION OF DISABILITY CATEGORY
   * + 1. When considering whether the student meets the criteria for one or more disability categories, the IEP team may not find the student eligible if the determining factor is due to a lack of appropriate instruction in reading or math, or due to limited English proficiency. If one of these reasons applies, describe:

◻ Not Applicable

* + - 1. The district must take steps to address the lack of appropriate instruction or the student’s limited English proficiency.  
         Recommendations:

◻ Not Applicable

* + - 1. This student meets the criteria for one or more of the following disability categories (*check all that apply)*:

|  |  |
| --- | --- |
| ☐ Autism | ☐ Other Health Impairment |
| ☐ Blind and Visually Impaired  *(complete ER-3, “Determining Braille Needs”)* | ☐ Significant Developmental Delay  *(first consider other disability categories)* |
| ☐ Deaf and Hard of Hearing | ☐ Specific Learning Disability  *(complete ER-2A, 2B or 2C)* |
| ☐ Deafblind | ☐ Speech or Language Impairment |
| ☐ Emotional Behavioral Disability | ☐ Traumatic Brain Injury |
| ☐ Intellectual Disability | ☐ None found *(complete A.3.b. and A.4. below)* |
| ☐ Orthopedically Impaired |  |

1. For each disability category identified, document how the student meets the criteria   
   *(attach eligibility criteria worksheet, if used):*  
     
   **Use Criteria Sheets. May write in conjunction with other team members**
2. Were disability categories considered and rejected? ☐ Yes ☐ No  
   If yes, document which disability categories were rejected and how the student did not meet the criteria:
3. If **no** disability categories are identified under A.3., the student is not eligible for special education. The IEP team does not complete Section B. NEED FOR SPECIALLY DESIGNED INSTRUCTION. Include recommendations other than special education, if any:

B. NEED FOR SPECIALLY DESIGNED INSTRUCTION

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| --- |
| In order to be eligible for an IEP, the IEP team must determine that the identified disability(ies) adversely affects educational performance and the student needs special education/specially designed instruction as a result. Special education/specially designed instruction means adapting, as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student’s disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students. |

1. Describe **how** the student’s disability affects their access, engagement and progress in the grade-level general education curriculum, including how the disability affects reading. For preschool children, describe **how** the disability affects participation in age-appropriate activities, including language development, communication and/or early literacy.

**Findings address the severity and nature of the health disability and how it affects the student’s involvement and progress in the general education curriculum.**

**Include:**

**Level of self-care skills (requires assistance , totally dependent, independent in diabetic management, requires supervision)**

**Requires IHP or EAP**

**Health related needs**

1. Describe the student’s academic and/or functional disability-related needs. What skills and/or behaviors does the student need to develop and/or improve so the student can meet age/grade level standards and expectations?
2. Can the student’s disability-related needs be addressed **without** specially designed instruction? *(Check Yes or No)*

☐ Yes   
If Yes, the student does not need specially designed instruction. Describe other supports the student may need, such as accommodations through a Section 504 Plan or supports through the general education program, if any:

☐ No   
 If No, explain why the student requires specially designed instruction and the adaptations to content, methodology or delivery of instruction needed to address the student’s disability-related needs. *(Check “Yes” in #4 below.)*

4. By reason of the identified disability category(ies) that adversely affects the student’s education performance, does the student **need specially designed instruction** or in the case of a reevaluation, continue to **need specially designed instruction**?

☐ Yes ☐ No